

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

ADDRESS (number and street) ▼

8403 Colesville Road

Suite 1550

☐ Check if different than previously reported. (ACC)

Silver Spring

MD

20910

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00358812

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
08 01 2014

through

M M M / D D D / Y Y Y Y Y Y
08 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Meredith M. Graham

Signature of Treasurer

Meredith M. Graham

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 12 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="112541.12"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="155237.25"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="535.00"/>	<input type="text" value="62792.10"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="155772.25"/>	<input type="text" value="175333.22"/>
7. Total Disbursements (from Line 31)	<input type="text" value="7072.83"/>	<input type="text" value="26633.80"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="148699.42"/>	<input type="text" value="148699.42"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	535.00	62792.10
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	535.00	62792.10
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	535.00	62792.10
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	535.00	62792.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	535.00	62792.10

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	72.83	4170.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	72.83	4170.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	12500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	55.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	55.00
29. Other Disbursements	0.00	9908.50
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7072.83	26633.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7072.83	26633.80

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	535.00	62792.10
34. Total Contribution Refunds (from Line 28(d))	0.00	55.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	535.00	62737.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	72.83	4170.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	72.83	4170.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 23

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Deborah G. Bopp

Mailing Address 2043 Monroe Road

City

Port Angeles

State

WA

Zip Code

98362

FEC ID number of contributing
federal political committee.

C

Name of Employer

Olympic Medical Center

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.9817

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Deborah Z Carlson

Mailing Address 8 Meadowview Ln

City

Whitman

State

MA

Zip Code

02382-1767

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Shore Women's Health

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.9818

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Susan Collins

Mailing Address 3006 Brisbane Drive

City

Walla Walla

State

WA

Zip Code

99362

FEC ID number of contributing
federal political committee.

C

Name of Employer

Adventist Health Medical Group

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.9823

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9817

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9818

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9823

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 23

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Charlotte M Frires

Mailing Address 14752 Clydesdale Trl

City State Zip Code
 Novelty OH 44072-9644

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Cleveland Clinic Fnd - Willoughby

Occupation
 CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.9816

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Jackie Gruer

Mailing Address 4738 Hassman Ct

City State Zip Code
 Cincinnati OH 45223-1694

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Hygieia

Occupation
 NM FACNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.9815

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Annette Jones

Mailing Address 230 Stoney Hills Rd

City State Zip Code
 Center Point TX 78010-5533

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Peterson Women's Associates

Occupation
 CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.9822

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9816

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9815

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9822

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 23
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Anne Katz-Jacobson

Mailing Address 300 Buck Island Rd Apt 12A

City State Zip Code
West Yarmouth MA 02673-2542

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.9820

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Michelle Killingsworth

Mailing Address 32 S Canterbury Rd

City State Zip Code
Canterbury CT 06331-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer

OB/GYN Group of Eastern CT

Occupation

MSN, CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.9825

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Gloria Jean Lelaidier

Mailing Address 72 South St.

City State Zip Code
Saint Augustine FL 32084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Reda Alami M.D. OB/GYN

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.9813

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9820

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9825

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9813

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 23

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Susan Nierenberg

Mailing Address 365 Edgewood Ave.

City

Teaneck

State

NJ

Zip Code

07666-3024

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph's Regional Med. Cen

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.9814

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Linda Nixon

Mailing Address 12216 N 29th St

City

Phoenix

State

AZ

Zip Code

85032-7102

FEC ID number of contributing
federal political committee.

C

Name of Employer

PIMC Nurse-Midwifery Service

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.9819

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Kristi M Royko

Mailing Address 2607 Barton Avenue

City

Nashville

State

TN

Zip Code

37212-4116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt University

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.9824

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9814

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9819

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9824

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Jessica Schwarz

Mailing Address 4622 Pine St

City

Philadelphia

State

PA

Zip Code

19143-1808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

MSN, CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.9826

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

B. Jody Stark

Mailing Address 556 NW 12th St

City

Ontario

State

OR

Zip Code

97914-1459

FEC ID number of contributing
federal political committee.

C

Name of Employer

Seattle University

Occupation

DNP, FNP, PMHNP

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.9827

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Molly Walker

Mailing Address 12 Paulette Dr

City

Freehold

State

NJ

Zip Code

07728-8149

FEC ID number of contributing
federal political committee.

C

Name of Employer

Horizon Health Center

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.9821

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

115.00

TOTAL This Period (last page this line number only)..... ►

535.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9826

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.9827

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.9821

|

Form/Schedule:
Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 7810 Old Branch Avenue

City Clinton State MD Zip Code 20735

Purpose of Disbursement
Monthly Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 04 2014
Transaction ID : SB21B.9828

Amount of Each Disbursement this Period

12.88

Full Name (Last, First, Middle Initial)

B. Paypal INC

Mailing Address 4100 Solutions Center #774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
PayPal Monthly Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 05 2014
Transaction ID : SB21B.9829

Amount of Each Disbursement this Period

59.95

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

72.83

TOTAL This Period (last page this line number only)..... ►

72.83

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. ALEXANDER FOR SENATE 2014 INC

Mailing Address 228 S WASHINGTON STREET SUITE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
Campaign Contribution

Candidate Name

ALEXANDER FOR SENATE 2014 INC

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

Transaction ID : SB23.9832

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. LUCILLE ROYBAL-ALLARD FOR CONGRESS

Mailing Address 6 E STREET, SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
Campaign Contribution

Candidate Name

LUCILLE ROYBAL-ALLARD FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 40

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

Transaction ID : SB23.9830

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. LYNN JENKINS FOR CONGRESS

Mailing Address PO BOX 1441

City	State	Zip Code
TOPEKA	KS	66601

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

Transaction ID : SB23.9836

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC



2000.00

State: NJ District: 06

Candidate Name

Category/
Type

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Candidate Name

Category/
Type

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

2000.00

7000.00